FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **619319** **(7)**

1. Corporation Name

ADAMS FUNERAL HOME, INC.

Principal Place of Business	Mailing Address
1115 HIGHWAY 71 NORTH **BLOUNTSTOWN FL 32424**	**4126 NORLAND AVE.** **BURNABY BC V5G -3S8** **CA**

3. Date Incorporated or Qualified: **04/30/1979**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-1925997** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ADAMS, J. THOMAS		1.2 NAME		
STREET ADDRESS	832 FIFTH STREET		1.3 STREET ADDRESS	1115 HIGHWAY 71 NORTH	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOEWEN, RAYMOND L		2.2 NAME		
STREET ADDRESS	4126 NORLAND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY BC V5G -3S8		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ADAMS, TIM		3.2 NAME		
STREET ADDRESS	832 FIFTH STREET		3.3 STREET ADDRESS	1115 HIGHWAY 71 NORTH	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		3.4 CITY-ST-ZIP		
TITLE	DVAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ROBERT D		4.2 NAME		
STREET ADDRESS	200 NORTH FEDERAL HIGHWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE	600001794686	☐ Change ☐ Addition
NAME	WRIGHT,GARY L.		5.2 NAME	-04/25/96--01071--002	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.		5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP	COVINGTON KY 41011		5.4 CITY-ST-ZIP		
TITLE	DA	☐ DELETE	6.1 TITLE	XX	☐ Change ☐ Addition
NAME	HYNDMAN PETER S.		6.2 NAME		
STREET ADDRESS	4126 NORLAND AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BURNABY BC V5G3S-8		6.4 CITY-ST-ZIP	ZIP = V5G 3S8	

4.25
12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)